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DAVID E. JANSSEN
Chief Administrative Officer

December 13, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL OF ACCOMPANYING ORDINANCES AND ACTIONS TO ESTABLISH A PUBLIC HEALTH DEPARTMENT (ALL DISTRICTS) (3 VOTES)

IF A SEPARATE DEPARTMENT OF PUBLIC HEALTH IS APPROVED, IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the accompanying ordinances establishing the Department of Public Health, consisting of the following programs: Public Health, Office of AIDS Programs and Policy, Alcohol and Drug Programs Administration, Children's Medical Services, and the Antelope Valley Rehabilitation Centers; creating the office of the Director of Public Health; and revising ordinances related to the Department of Health Services as appropriate to reflect the new Department.

2. Approve the appointment of Jonathan Fielding, M.D., M.P.H. as the Acting Director of the Department of Public Health.

3. Instruct the Director of Health Services and the Acting Director of Public Health to develop and execute the Memorandum of Understanding necessary to delineate the responsibilities and services provided by and for the Departments, and to ensure the continued and improved coordination of public health activities and personal health services.

4. Authorize the Acting Director of Public Health to fill 26 full-time equivalent positions in excess of what is provided for in the Public Health staffing ordinance, pursuant to section 6.06.020 of the County Code, as allocated by the Department of Human Resources, in order to address additional administrative support functions resulting from the establishment of the new Department.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On June 28, 2005, your Board approved, in concept, a separate Public Health Department and instructed my office, working with County Counsel and other affected County Departments, to develop a detailed implementation plan and timetable for establishing the new Department, including programs to be transferred, new proposed organization charts and classification plans, and an equitable distribution of administrative staff support, space and other shared assets, with milestones, assigned responsibilities and action steps for the transition. Your Board also instructed our Departments to develop a Memorandum of Understanding between the Directors of Health Services, Public Health and Mental Health to ensure a smooth transition and ongoing collaboration on prevention initiatives. Further, your Board instructed County Counsel and the Director of Personnel to draft the necessary County Code amendments.

The accompanying ordinances have been drafted and are before your Board for approval, if your decision is to formally approve a separate Department of Public Health. These ordinances will become effective 30 days after your Board adopts them. The ordinances are presented as two action items, one for Title 6 (Personnel) changes and the other for changes to all other relevant code sections to establish the new Department, the position of Director, and the staffing for the new Department, as discussed further below in this letter. As proposed, the new Department of Public Health would consist of Public Health (PH), Office of AIDS Programs and Policy (OAPP), Alcohol and Drug Programs Administration (ADPA), Children's Medical Services (CMS), and the Antelope Valley Rehabilitation Centers (AVRC), the latter currently part of the San Fernando Valley Area.

The attached Implementation Plan describes the ordinance changes, program and financing issues, proposed staffing for administrative support functions, and necessary action steps to establish the Department of Public Health. The Plan also includes draft organizational charts for the new Department and a timeline for accomplishing the transition. The new Department would be established upon the effective date of the ordinances, and the actions needed to implement the administrative infrastructure of the new Department should be completed by the end of March 2006.

The recommendation to appoint Dr. Jonathan Fielding as Acting Director of Public Health will ensure that, should your Board approve the new Department, the leadership will be in place to move forward with the Implementation Plan as proposed, including the critical step of developing and executing the MOU and efforts to fill the additional administrative support positions, including the Chief Deputy and Administrative Deputy positions for the new Department.

Implementation of Strategic Plan Goals

If a separate Department of Public Health is approved by your Board, the Implementation Plan will allow for the establishment of the Department of Public Health, consistent with the principles of the Countywide Strategic Plan, Goal No. 1, "Service Excellence", and Goal No. 3, "Organizational Effectiveness" to assure that the Department operates efficiently and effectively.

FISCAL IMPACT/FINANCING

The effect of this action will be to split the existing DHS budget into two parts, one "roll-up" of budgets associated with Personal Health Services and a separate "roll-up" of budgets associated with Public Health Services. Based on the 2005-06 Final Adopted Budget, the total net financing uses for DHS is $3.7 billion, which consists of $663.8 million associated with the programs proposed for the new Department of Public Health and $3.1 billion associated with the remaining Personal Health budgets. In terms of budgeted positions, the 2005-06 total for DHS is 24,634.2, consisting of 4,121.2 associated with programs for the new Department and 20,513.0 for the Personal Health budgets.

The staffing ordinance change for Public Health will add 26.0 new positions and authorize the filling of those positions. The ordinance also deletes one existing position for a net change of 25.0 positions. The cost of the 25.0 positions is estimated at $1.7 million, consisting of salaries and employee benefits costs, which will be added to the Public Health budget, in addition to the support positions being transferred from DHS. The 25.0 positions include a net increase of 4.0 positions (5.0 new, offset by 1.0 deleted) and $0.3 million in cost related to changes in Public Health pharmacy services which are needed regardless of whether the new Department is approved by your Board. The additional staffing costs will be offset by revenue and net County cost (NCC) within the existing Public Health budgets in the new Department.

This action will also result in adjustments to the centralized administrative costs, or overhead, from DHS Health Services Administration (HSA). The following estimates are based on overhead amounts reflected in the DHS 2005-06 Final Adopted Budget. A total of $8.8 million is associated with the transfer of 136.0 administrative support positions from HSA to Public Health, resulting in a decrease in costs for HSA and a corresponding increase in costs for Public Health, for no net change in appropriation.

The Public Health budgets will no longer be allocated HSA overhead charges, although there will still be overhead charges for administrative support provided by Public Health staff. It is estimated that this change in overhead charges will result in an NCC savings of $13.7 million from the Public Health programs, which will be available to partially offset the HSA overhead charges which will be shifted to the other DHS budgets. In addition, an estimated $2.7 million in grant revenues, previously used to cover overhead costs, will be available for other Public Health program costs.

The total amount of overhead budgeted by HSA for Public Health budgets is $25.8 million. While the transfer of administrative costs from HSA to Public Health will reduce the total amount of HSA overhead by an estimated $7.4 million, this action will result in an estimated net changes of $18.4 million in overhead costs to be shifted to other DHS programs, primarily the Enterprise Hospitals. This increase will be partially offset by the $13.7 million in NCC savings from Public Health and a small amount of revenue associated with additional overhead costs allocated to the Office of Managed Care budget. The remaining $4.7 million in overhead costs will require offsetting adjustments in the DHS budgets in order for this action to remain cost neutral. A portion of these costs might, in future fiscal years, be offset under the revised Medi-Cal hospital financing program; however, DHS indicates that amount is currently difficult to estimate.

Based on the timeframe for implementing these changes, which will occur late in the fiscal year, the relatively small dollar amounts associated with these changes, and the current projections regarding the status of the DHS and Public Health budgets, we do not anticipate the need for a mid-year appropriation adjustment associated with your Board's action. However, we will continue to monitor the status of the DHS and Public Health budgets and, if appropriation adjustments are needed before the end of the fiscal year, we will include them in our mid-year appropriation adjustment request. Adjustments will be made to the affected budgets during the 2006-07 budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Implementation Plan was developed by a planning group, consisting of staff from DHS (both Health Services Administration and Public Health Services), the Department of Human Resources (DHR) and my office, who met regularly over several months to detail the various issues and to develop an implementation plan and action steps which must be addressed if a new Public Health Department is to be established. Areas discussed included relevant County ordinance changes, program issues, financing issues, and proposed administrative staffing requirements. County Counsel, Auditor-Controller, and Chief Information Office staff also participated in these meetings, as appropriate for areas of discussion.

During these meetings, the planning group discussed the programs to be recommended for inclusion in the new Department and concluded that, if the new Department were approved, there should not be major changes in the way in which the Personal Health and Public Health programs operated. The major changes will only involve the separation of senior management and administrative support functions between DHS and the new Department. The planning group did not revisit policy issues related to the proposal to separate or leave intact the Departments of Health Services and Public Health. However, these issues were raised in meetings with community groups and union representatives, and we believe the issues need to be addressed by both DHS and Public Health management, regardless of your Board's decision to create the new Department.

The planning group found it difficult in several instances to identify the specific shared responsibilities of the Departments. While coordination of activities, services and financing is currently occurring, the specifics of those relationships have not been "formalized" since both the Personal Health and Public Health staff see themselves as part of the same Department. Establishing the separate department will require formalizing those relationships, in order to ensure that these working relationships continue and are enhanced wherever needed. That effort is reflected in the drafting of the Memorandum of Understanding between DHS and the new Department.

The draft MOU consists of a base document, which outlines the general responsibilities shared by both Departments, and various exhibits detailing the areas in which the Departments provide and/or receive services to/from one another, including programmatic areas (such as laboratory services, pharmacy services, radiology services, tuberculosis services, sexually transmitted disease services, and inpatient care) and administrative support areas (such as information systems, shared space, planning and some limited human resources activities).

If your Board decides not to proceed with establishing the new Department, it would still be beneficial for the DHS Director, jointly with the Public Health Director, to develop an intradepartmental policy document, based on the information obtained through this process and further discussion between Departmental staff, which could serve to better delineate the coordination of personal health and public health operations.

The need for additional MOUs between Departments and other County departments, such as the Department of Mental Health, is being reviewed and will be developed if your Board approves the creation of the new Department.

Further, the staff found that there were some areas where changes will be needed, regardless of whether the separate Department of Public Health is established. These include financial issues, including the process by which to allocate available County funding, specifically the $250.0 million ($125.0 million for 2005-06 and $125.0 million for

2006-07) in the Health Services Designation for Future Financing Requirements, and to address potential year-end savings or deficits, in view of the projected 2006-07 deficit for Health Services and the recent changes in Medi-Cal hospital financing.

Areas also include programmatic changes, such as that being pursued for DHS and Public Health pharmacy services. In addition, the review of the County ordinances for the purpose of establishing a separate Department of Public Health has surfaced other "clean-up" changes which should also be pursued, regardless of whether the separate Department is established. These additional, substantive changes will be addressed under a separate ordinance to be filed with your Board in the next 30 days. Additional ordinance changes related to appointees to Commissions, such as the First 5 (Proposition 10) Commission and the Commission on HIV Health Services, will also be filed with your Board in the next 30 days.

ORDINANCE AMENDMENTS

The accompanying ordinance amends Chapter 2.76 of the County Code and reflects the separation of public health and health officer functions from the Department of Health Services, adds Chapter 2.77 creating the Department of Public Health and the office of the Director of Public Health, and makes other, technical amendments to Titles 8, 11, 12, and 20 of the County Code that result from the separation of the public health and health officer functions from the DHS. The accompanying ordinance amendments to Title 6, of the County Code establish new classifications and salaries and reflect the numbers and classifications of departmental staff. DHR staff indicate that some of these classifications have been allocated on a provisional basis and may be reviewed further to ensure that the allocations are appropriate.

The ordinance language defines the Director of Public Health as the County Health Officer, just as is the case currently for the Director of Health Services, and would allow your Board either to appoint a physician as Director of Public Health, who can then also serve as the Health Officer, or to appoint a non-physician as Director of Public Health, in which case your Board would appoint a physician employed by the new Department to perform the Health Officer function. While we support the position held by Public Health staff that a physician should serve as the Director of Public Health, so that the same individual will serve also as the County Health Officer, we are proposing that the ordinance be structured so that it continues to provide your Board with maximum flexibility in making leadership appointments.

The accompanying ordinances have been approved as to form by County Counsel.

IMPACT ON CURRENT SERVICES

These actions will affect the administrative support services and budgetary structure for each department. A Memorandum of Understanding between the Departments of Health Services and Public Health will be executed to ensure the continued and improved coordination of public health activities and personal health services.

Respectfully submitted,

DAVID E. JANSSEN
Chief Administrative Officer

DEJ:DL
SAS:JJ:bjs

Attachment

c: Executive Officer, Board of Supervisors
County Counsel
Auditor-Controller
Chief Information Officer
Director of Health Services
Director of Internal Services
Director of Personnel

Attachment

IMPLEMENTATION PLAN ESTABLISHING A SEPARATE PUBLIC HEALTH DEPARTMENT

On June 28, 2005, the Board of Supervisors (Board) approved, in concept, a separate Public Health Department and instructed the Chief Administrative Officer (CAO), working with County Counsel and other affected County Departments, to develop a detailed implementation plan, timetable and required County ordinance changes for establishing a new Department of Public Health, separate from the Department of Health Services (DHS).

A planning group consisting of staff from CAO, DHS (both Health Services Administration and Public Health), and the Department of Human Resources (DHR) met regularly over several months to discuss in detail the various issues related to establishing the new Department and to develop the implementation plan and action steps which would be needed. Areas discussed included relevant County ordinance changes, program issues, financing issues, and proposed administrative staffing requirements. County Counsel, Auditor-Controller, and Chief Information Office staff also participated in these meetings, as appropriate for areas of discussion.

Program Issues

During these meetings, the planning group discussed the programs to be recommended for inclusion in the new Department and concluded that, if the new Department were approved, there should not be major changes in the way in which the Personal Health and Public Health programs operated. The major changes will only involve the separation of senior management and administrative support functions between DHS and the new Department.

Following discussions between DHS and Public Health and review by the planning group, it was agreed that the programs recommended for the new Department will include Public Health (PH), the Office of AIDS Programs and Policy (OAPP), Alcohol and Drug Programs Administration (ADPA), and Children's Medical Services (CMS), all of which are currently included in the Public Health organizational structure within DHS. It was further agreed that the Antelope Valley Rehabilitation Centers (AVRC), currently budgeted within the San Fernando Valley Area, would be included as part of the new Department. This recommendation is based on the fact that the long-term residential substance abuse treatment services provided by AVRC differ from the acute inpatient care and outpatient services provided by other programs in the San Fernando Valley Area and are similar to the substance abuse treatment services contracted for by ADPA.

While other DHS and Public Health programs were discussed, there did not appear to be strong reasons for realigning these programs to the new Department or for realigning programs from within the current Public Health organization to DHS. These included Juvenile Court Health Services, Health Facilities Licensing and Children's Health Initiative Outreach, among others.

The planning group did not revisit policy issues related to the proposal to separate or leave intact the Departments of Health Services and Public Health. However, these issues were raised in meetings with community groups and union representatives, and CAO staff believes the issues need to be addressed by both DHS and Public Health management, regardless of the Board's decision to create the new Department.

Memoranda of Understanding (MOUs)

If the Board approves the new Department, it is critical that both Departments jointly execute a Memorandum of Understanding (MOU) which delineates the shared responsibilities of each in ensuring that the healthcare needs, both public health and personal health, of County residents are met in the most effective and efficient manner, including the continuation and enhancement of the coordinated efforts currently in place. While the separation of the Public Health programs from DHS is not intended to change the way in which the Public Health and Personal Health operations and service delivery systems function, concerns were raised that, if separated, each Department may eventually come to prioritize efforts within their respective programs, when faced with the on-going reality of limited resources and increasing demand, rather than choosing to continue to integrate and enhance coordination of their operations.

A draft MOU has been prepared and is currently being reviewed by DHS and Public Health staff, and by CAO and County Counsel staff. The draft MOU consists of a base document, which outlines the general responsibilities shared by both Departments, and various exhibits detailing the areas in which the Departments provide and/or receive services to/from one another, including programmatic areas (such as laboratory services, pharmacy services, radiology services, tuberculosis services, sexually transmitted disease services, and inpatient care) and administrative support areas (such as information systems, shared space, planning and some limited human resources activities).

The planning group found it difficult in several instances to identify the specific shared responsibilities of the Departments. While coordination of activities, services and financing is currently occurring, the specifics of those relationships have not been "formalized" since both the Personal Health and Public Health staff see themselves as part of the same Department. Establishing the separate department will require formalizing those relationships, in order to ensure that these working relationships continue and are enhanced wherever needed. That effort is reflected in the drafting of the MOU between DHS and the new Department.

If the Board decides not to proceed with establishing the new Department, it would still be beneficial for the DHS Director, jointly with the Public Health Director, to develop an intradepartmental policy document, based on the information obtained through this process and further discussion between Departmental staff, which could serve to better delineate the coordination of personal health and public health operations.

The MOU between DHS and the new Department will also clarify the responsibilities of each Department for existing contracts that identify the Director of Health Services or designee as the authorized signatory. In instances where contracts deal with services for both DHS and Public Health, the MOU will specify that the Department receiving the majority of services will be designated as the Department to administer the contract through its term. In instances where the contracts deal with services only for Public Health, the MOU will clarify that the Director of Public Health will be the Director of Health Services' designee. If the Board approves the ordinances creating the Department of Public Health, the MOU will be executed by both Departments no later than 30 days following the Board's adoption of the ordinance changes establishing the new Department. Once the Board takes its final action, CAO and County Counsel staff will work with DHS and Public Health staff to ensure that the MOU is finalized and executed by that effective date, and an informational copy of the executed MOU will be provided to the Board.

In addition, if the new Department is established, County Counsel will assist both departments with amending existing contracts if needed to ensure that the contractors are informed of the Board's action and that the contracts contain appropriate provisions to reflect administrative, fiscal and programmatic oversight.

Finally, separate MOUs will be developed, where necessary, between Public Health and other County Departments such as the Departments of Mental Health and Human Resources, Internal Services Department, Sheriff's Department, and Auditor-Controller for administrative support activities, including facilities maintenance, audit investigations, and advocacy, or for programmatic services. Existing MOUs between DHS and other County Departments will be reviewed and modified, as needed, to reflect the separation of Public Health programs from DHS.

County Code Changes

County Counsel has drafted changes to the Los Angeles County Code which are required to establish the new Department of Public Health, including separating the Public Health and Health Officer functions from the Department of Health Services. These County ordinance changes fall into three categories: (1) new chapters; (2) substantive amendments; and (3) technical amendments.

The first category, new chapters, involves additions to Titles 2 (Administration) and 6 (Personnel) of the Code. Specifically, Chapter 2.77 is added to create the Department of Public Health. This Chapter details the functions of the new Department, similar to that which currently exists for the Department of Health Services under Chapter 2.76.

Likewise, Chapter 6.77 is added to accommodate Public Health related personnel items that must be removed from Chapter 6.78, relating to the Department of Health Services. DHR staff indicate that some of the classifications contained in the ordinance of the new Department have been allocated on a provisional basis and may be reviewed further to ensure that the allocations are appropriate.

The second category, substantive amendments, involves deleting provisions from Chapter 2.76 that are no longer necessary in light of the creation of the new Department. For the most part, this work deletes any references to the Health Officer function, as well as all references to Public Health functions and transferring those functions to the Public Health Department's new ordinance.

The third category, technical amendments, will involve updating statutory and legal references found throughout current, various chapters in Titles 8,10,11,12, and 20 of the County Code, as well as repealing any provisions that are no longer operable or relevant. In Title 11, Health and Safety Code, the specific references to the Director of Health Services as the County Health Officer have been amended. References throughout Title 11 have been revised as needed to separate and clarify the functions.

Health Officer Function

Under existing state law, it is not a legal requirement that the Director of Public Health also be the Health Officer. The Health Officer must be a graduate of a medical school while the Director need not be. The Board has the discretion to combine the two positions or separate them.

After further discussion by the planning group, it is recommended that the ordinance establishing the Public Health Department reflect the same language for the Director of Public Health that is currently in place for the Director of Health Services. This language would define the Public Health Director as the County Health Officer and would allow the Board either to appoint a physician as Director of Public Health, who can then also serve as the Health Officer, or to appoint a non-physician as Director of Public Health, in which case the Board would appoint a physician employed by the new Department Public Health to perform the Health Officer function. Public Health staff strongly recommend that a physician serve as the Director of Public Health who can then serve also as the County Health Officer. While the CAO supports the position held by Public Health staff, the recommended ordinance maintains maximum flexibility for the Board in making its leadership appointments.

The ordinance changes are being presented to the Board as two actions, one including all changes to Title 6 related to personnel matters and the other including all other ordinance changes required to establish the new Department. In addition, the review of the County ordinances for the purpose of establishing a separate Department of Public Health has surfaced other "clean-up" changes which should also be pursued, regardless of whether the separate Department is established. These additional, substantive changes will be addressed under a separate ordinance to be filed with the Board by

January 2006. Additional ordinance changes related to appointees to Commissions, such as the First 5 (Proposition 10) Commission and the Commission on HIV Health Services, will also be filed with the Board by January 2006.

Financing Issue

The effect of this action will be to split the existing DHS budget into two parts, one "roll-up" of budgets associated with Personal Health Services and a separate "roll-up" of budgets associated with Public Health Services. Based on the 2005-06 Final Adopted Budget, the total net financing uses for DHS is $3.7 billion, which consists of $663.8 million associated with the programs proposed for the new Department of Public Health and $3.1 billion associated with the remaining Personal Health budgets. In terms of budgeted positions, the 2005-06 total for DHS is 24,634.2, consisting of 4,121.2 associated with programs for the new Department and 20,513.0 for the Personal Health budgets.

Current Budget Structure and Proposed Separation

The current DHS budget consists of a "roll-up" of 12 operating budgets and four non-operating budgets. The 12 operating budgets include seven General Fund budgets and five Enterprise Hospital Fund budgets. General Fund budgets are: Health Services Administration (HSA); Office of Managed Care (OMC); Public Health; OAPP; ADPA; Juvenile Court Health Services (JCHS); and CMS. Enterprise Fund budgets are: LAC+USC Healthcare Network (LAC+USC Medical Center; comprehensive health centers and health center); Coastal Area (Harbor/UCLA Medical Center; comprehensive health center and health centers); San Fernando Valley Area (Olive View/UCLA Medical Center; High Desert Multi-Service Ambulatory Care Center (MACC); AVRC; comprehensive health center, health centers and school-based clinic); Southwest Area (Martin Luther King, Jr./Drew University Medical Center; comprehensive health center and health center); and Rancho Los Amigos National Rehabilitation Center.

The four non-operating budgets are: Tobacco Settlement Programs (budgeted Tobacco Settlement funds not yet allocated to specific program uses), Health Care (intergovernmental transfer or IGT funds needed to draw down SB 855 Disproportionate Share Hospital funds), Realignment (Realignment Sales Tax revenue); and Contributions to Hospital Enterprise Funds (County funds allocated to the DHS Enterprise Hospital budgets).

The budgetary adjustments needed to formalize the creation of separate "roll-up" budgets for DHS and the new Public Health Department will be included in the 2006-07 Proposed Budget process in February and March 2006, including any necessary adjustments to eCAPS. The specific operating budgets that are recommended for inclusion in the new Public Health Department are Public Health, OAPP, ADPA, CMS, and AVRC. The non-operating budgets will remain part of the DHS budget.

Creation of a "roll-up" budget for the new Department will be relatively straight-forward, since the affected Public Health programs are currently established as four separate budgets within the overall DHS budget. These four budgets, which are already distinct budget units, would remain distinct but would be considered under a separate "roll-up" as the new Department. Budgetary control would remain at the current levels for these units. While AVRC is not currently established as a separate budget unit and is included in the San Fernando Valley Area, the budget is currently assigned a unique budget number which will allow the creation of their unit as a separate budget also to be done in a relatively straight-forward manner.

County funds are provided to DHS to meet statutory maintenance of effort (MOE) requirement, and funds above that amount are provided at the discretion of the Board. County funds provided to the Public Health budgets, even if they are established as a separate Department, will be included in the amount needed to meet the statutory MOE. The allocation of County funds and Realignment Sales Tax will be adjusted accordingly to balance the DHS and Public Health budgets.

No impact is expected for specific program revenues since they will remain aligned as they are currently under the operating budget structures. This includes special funds and trust funds currently associated with specific programs. Further, no impact is expected on the allocations of Measure B Special Tax revenues and Tobacco Settlement funds, which are approved on a program by program basis by the Board and will continue to be allocated on this basis.

Increases in operating costs and, given the projected Health Services fiscal deficit, potential curtailments will be considered as part of the 2006-07 budget process, with the difference that the new Department will submit recommendations directly to the CAO, rather than being incorporated into the DHS budget request. CAO staff will then develop recommendations based on their reviews of the DHS and the Department of Public Health Proposed Budget submissions, including the recommended allocation of additional County funds from the $250.0 million ($125.0 million for 2005-06 and $125.0 million for 2006-07) in the Health Services Designation for Future Financing Requirements, and increases in Realignment Vehicle License Fees.

Other issues, such as how to reflect potential year-end savings and/or deficits for the DHS and Public Health budgets, will also be addressed during the 2006-07 budget process.

Although the planning group did not find any major impact on discounts from bulk purchases, for example, from separating the DHS and Public Health operations, aside from the pharmacy services issues discussed further below, DHS and the new Department are continuing to review this area to ensure that any potential issues can be identified and addressed during the implementation stage.

Centralized Administrative Support Costs (Overhead)

Currently most centralized administrative costs from HSA are billed to the other DHS operating budgets, including the Public Health programs, as "HSA overhead." A portion of the administrative overhead costs is reimbursed to the County through the indirect cost rate charged to Public Health program grants. The action to create a new Department will result in adjustments to the overhead costs allocated to Public Health.

With the creation of the new Department, the Public Health budget will be adjusted to include centralized administrative support staff and directly billed costs for the new Department, as discussed further below. This will replace the general HSA overhead amounts currently billed to the Public Health budgets. The HSA overhead costs will be reduced by the administrative staffing costs and services and supplies costs being transferred to Public Health, and the remaining HSA overhead costs previously charged to Public Health, but not associated with support of Public Health activities, will be shifted to the remaining DHS budgets, primarily the Enterprise Hospital budgets.

The proposed staffing ordinance changes reflect the transfer of 136.0 administrative positions from HSA to Public Health to reflect the distribution of staffing resources, as discussed further below, for functions such as human resources, finance, contracts and grants management and monitoring. The salaries and employee benefits costs of these positions is estimated at $8.8 million. Since the positions and cost of these finance and administrative units are included in the HSA budget, they will need to be moved into the Public Health budget.

The Public Health budgets will no longer be allocated HSA overhead charges, although there will still be overhead charges for administrative support provided by Public Health staff, including those positions transferred from HSA. Based on overhead amounts reflected in the DHS 2005-06 Final Adopted Budget, it is estimated that the change in overhead charges will result in an NCC savings of $13.7 million from the Public Health programs, which will be available to partially offset the HSA overhead charges which will be shifted to the other DHS budgets. In addition, an estimated $2.7 million in grant revenues, previously used to cover overhead costs, will be available for other Public Health program costs.

The total amount of overhead budgeted by HSA for Public Health budgets is $25.8 million. While the transfer of administrative costs from HSA to Public Health will reduce the total amount of HSA overhead by an estimated $7.4 million, this action will result in an estimated $18.4 million in overhead costs to be shifted to other DHS programs, primarily the Enterprise Hospitals. This increase will be partially offset by the $13.7 million in NCC savings from Public Health and a small amount of revenue associated with additional overhead costs allocated to the Office of Managed Care budget. The remaining $4.7 million in overhead costs will require offsetting adjustments in the DHS budgets in order for this action to remain cost neutral. A portion of these costs might, in future fiscal years, be offset under the revised Medi-Cal hospital financing program; however, DHS indicates that amount is currently difficult to estimate.

If the new Department is established during 2005-06, it is not currently anticipated that an appropriation adjustment will be necessary, based on the timeframe for implementing these changes, the dollar amount associated with the changes, and current projections regarding the status of the DHS and Public Health budgets. However, CAO, DHS and Public Health staff will continue to monitor the status of the Department's budgets and, if appropriation adjustments are needed before the end of the fiscal year, they will be included in the CAO's mid-year appropriation adjustment request.

Public Health Management Infrastructure and Administrative Support

In order to determine the administrative staffing needs for the new Department, the planning group conducted a series of meetings to review the existing staffing and workload for the major administrative support areas within DHS, including Public Health programs, and the projected staffing and workload needs for the new Department. In these meetings, the group discussed staffing models which the participants felt would best serve the operational needs of both the new Department and of DHS, while acknowledging the current funding restrictions.

The group recognized that the existing DHS infrastructure is not, in some areas, fully staffed to meet existing workload needs, as a result of administrative curtailments to meet System Redesign savings targets. This was taken into consideration in reviewing the numbers of positions to be transferred to the new Department and where new positions may be needed in DHS and/or the new Department. The discussion below presents the planning group's proposals for staffing changes, if the Board approves the establishment of the new Department.

The consolidation of the four Public Health units and AVRC as a separate Department requires establishing centralized administrative units for finance and budget, contract development and monitoring, personnel, materials management, facilities and space management, communications, governmental relations and planning, audit and compliance, risk management/quality assurance, information systems/information technology, and capital projects.

Public Health will be identified as the central administrative budget, just as HSA is for DHS, incorporating the senior management and centralized administrative support functions for the new Department. It is anticipated that the existing Director of Public Health position will be established as the Director of the new Department of Public Health, and that the Board will be asked to appoint the current Director of Public Health as the Acting Director of the new Department. This position is currently in the HSA budget and will be transferred, along with an executive secretary position, to Public Health.

In addition, new positions include: a Chief Deputy, a Secretary for the Chief Deputy and a Special Assistant for the Director of Public Health. The new functions of Administrative Deputy and Chief Financial Officer will be addressed by transferring

existing positions from HSA to Public Health, which were included in the administrative consolidations. The proposed organizational charts for the new Department, including the centralized support units, are attached.

Based on the discussions, the number of positions needed by the new Department to perform centralized administrative support and program functions is 161.0 budgeted positions, including 136.0 existing budgeted positions, to be transferred to Public Health from HSA. The staffing ordinance change for Public Health will add 26.0 new positions and authorize the filling of those positions. The ordinance also deletes one existing position for a net change of 25.0 positions. The estimated cost for the addition of 25.0 positions is $1.7 million for salaries and employee benefits. Included in the 25.0 positions is a net increase of 4.0 budgeted positions (5.0 new positions, offset by 1.0 deleted position) related to pharmacy services, which are needed regardless of whether a separate Department of Public Health is established. The additional staffing costs will be offset by revenue and NCC within the existing Public Health budgets in the new Department.

In discussing the distribution of existing administrative support positions in DHS/HSA to a new Public Health Department, it was agreed that administrative support positions, which were transferred from Public Health to HSA as part of the administrative consolidations, will be transferred back to Public Health. Further, positions which are identified as currently providing administrative support solely to Public Health operations will also be transferred to the new Department.

In instances where positions are identified as providing administrative support for only a portion of the time, estimates were developed to determine the number of full-time equivalent (FTE) positions providing administrative support to Public Health, which will be transferred to the new Department.

Regarding potential impact on employees, it is expected that employees who are currently filling positions performing duties entirely related to Public Health operations will be reassigned to the new Department. Where employees are in positions performing Public Health related duties only part of the time, letters will be sent to affected employees asking whether they are interested in reassignment to the new Department. The final decision on employee reassignments will be made by senior management at DHS and Public Health. All proposals affecting represented employees will be discussed with union representatives.

Letters to affected employees will be sent shortly after the Board's final approval of the ordinance changes.

Filling the new positions needed for the new Department will be handled using the same process currently used for filling vacant positions in County Departments.

Human Resources

It was determined that separate Human Resources operations should be established for DHS and the new Department in order to best meet the operational needs of each Department. A total of 17.0 FTEs in HSA were identified as supporting Public Health operations, several of which had been part of the Public Health budget prior to the administrative consolidations and will be transferred back to Public Health. An additional 18.0 positions are proposed to support Human Resources activities in the new Department. These new positions will be assigned to the classification, examinations, payroll, operations, leave management, employee relations, and workers' compensation units. This will leave 283.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Human Resources operations for DHS. DHS indicates that, if the positions are transferred to the new Department, further discussion may be necessary regarding additional positions for DHS Human Resources, particularly in the areas of organizational development/training, return to work and performance management.

Pharmacy Services

In its review of areas where bulk purchases are shared by DHS and Public Health, the planning group identified pharmaceutical purchases as an area that will require action, regardless of whether the new Department is established. Currently Public Health pharmaceuticals are purchased through the LAC+USC Medical Center under the federal 340B purchasing program which allows for the direct purchase of pharmaceuticals at a discounted rate. The DHS and County Counsel have recommended that the Public Health clinics obtain their own certification to participate in the 340B program, for regulatory purposes as established by federal guidelines. Consistent with this recommendation, Public Health is currently working with County Counsel and DHS to obtain the necessary licensing/permits.

It is anticipated that the necessary licenses and permits will be in place by January 2006, to coincide with the establishment of the new Department, if approved by the Board.

As part of the review of the pharmaceutical program in Public Health, it was also determined that additional staff will be needed for both the LAC+USC Medical Center and Public Health to fully operationalize the tracking and monitoring processes for pharmaceuticals, again, regardless of whether the new Department is established. The number of staff determined to be needed for these purposes for the new Department will be a total of 10.0 budgeted positions, including 6.0 existing budgeted positions and a net increase of 4.0 additional budgeted positions.

The total positions determined to be needed for the LAC+USC Medical Center is 4.0 budgeted positions. These positions will be included in the DHS 2006-07 Proposed Budget request.

Contracts and Grants/Contract Monitoring

It was determined that a separate Contracts and Grants unit should be established for the new Department. Thirteen FTEs are proposed for transfer from DHS to Public Health, some of which currently work exclusively on Public Health contract issues. No new staff will be required. This will leave 38.0 positions in HSA, per the 2005-06 Adopted Budget, to support Contracts and Grants operations for DHS.

The allocation of Contracts and Grants positions for Public Health was based on the estimate from Contracts and Grants staff that approximately 23 percent of staff time during the period reviewed related to Public Health agreements. Most ADPA and OAPP contracts development is handled by staff in those Public Health programs.

It was determined that a separate Contract Monitoring unit should be established for the new Department. Twenty-two FTEs are proposed to be transferred from HSA, which includes a number of positions assigned full-time to provide fiscal monitoring of Public Health contractors and several positions working at least part of the time on administrative monitoring for Public Health. Based on preliminary discussion, no new positions will be needed. This will leave 17.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Contract Monitoring operations in DHS. DHS indicates that this is an area where further review in the future is necessary to determine whether additional positions may be needed to meet the Board's directives regarding contract monitoring.

In finalizing the proposed centralized Contracts and Grants and Contract Monitoring units in Public Health, the existing staffing in the Public Health budgets will also be reviewed at a future date for potential consolidation to some extent in the centralized unit in Public Health.

Finance/Materials Management

It was determined that a separate Finance unit should be established for the new Department. As part of the administrative consolidations, Finance positions were transferred to HSA from Public Health. The positions remained in a separate unit in order to ensure proper tracking of administrative costs claimed to the various grant and revenue programs in Public Health, and these positions will be transferred to the new Department, if established. A total of 58.0 budgeted positions will be transferred and no new positions will be needed. This will leave 357.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Finance operations, including the Consolidated Business Office (CBO), in DHS.

There are some areas in Finance where either the new Department or HSA may elect to contract back with the other to provide administrative support, e.g. eCAPS support (Public Health with HSA) or invoice processing (HSA with Public Health). This is an area where additional discussions are scheduled, since both HSA and Public Health may elect to contract for some support services with another central service County Department under the shared services model.

Further discussion will also consider the staffing in the separate finance units in Public Health, ADPA, OAPP and CMS, for potential consolidation to some extent in the centralized unit in Public Health.

Of the 58.0 budgeted positions identified for transfer to Public Health, five are in the Materials Management unit. It was determined that a separate Materials Management unit should be established for the new Public Health Department. Based on preliminary discussions, no new staff will be required. The existing staffing in the Public Health budgets who may be involved with Materials Management will also be reviewed at a future date for potential consolidation to some extent in the centralized unit in Public Health.

Communications, Governmental Relations, Planning

Further discussion will be scheduled to determine whether and to what extent separate units should be established for the new Department for Communications, Governmental Relations and Planning. The issues discussed below are based on preliminary discussions by the planning group.

External Relations and Communications: The proposed organization of the new Department of Public Health will include an External Relations and Communications unit. The scope of this unit includes not only public information and press relations, but also proactive communications through health and prevention campaigns targeting various populations using diverse languages. This unit also includes governmental relations and relations with key stakeholders, including business, cities, schools, and community providers.

As part of the administrative consolidations, the HSA and Public Health Communications offices were consolidated. The consolidated office receives the initial calls from the media for Public Health, but Public Health-related calls received by the unit are forwarded to the Director of Public Health and the Chief of Operations, Public Health to determine which Public Health units can respond. Press releases for Public Health are finalized and issued by the consolidated communications office, but generally drafted by Public Health. Several Public Health units have staff, whose duties include work on external communications and Public Health maintains the grant-funded Bioterrorism Risk Communications unit. HSA estimates that approximately 90 percent of the work handled by the HSA External Relations unit relates to the County hospitals.

A major issue for DHS in this area is the potential need to address shared media equipment, particularly graphics capability recently purchased in large part with Bioterrorism Preparedness funds. To some extent, it may make sense to continue to share use of the equipment and contiguous space, but that will be determined with further discussions. As an interim measure, DHS and Public Health may continue to operate with separate staffing in shared space.

Governmental Relations: It appears that the workload handled by the four staff in the office is split evenly between Public Health and DHS, although most of the legislative analysis on Public Health issues is performed by Public Health program staff. The Governmental Relations unit is charged primarily with central coordination of legislative review and in resolving issues that arise when different programs within DHS may have conflicting points of view and recommend conflicting County positions. Given the existing staffing level at HSA, it may not be feasible to divide the staff. Leaving the HSA Governmental Relations unit intact will require adding at least one additional position in Public Health as the point person for legislative coordination. An additional budgeted position has been included to function in this capacity, as well as perform duties related to External Relations and Communications.

Planning: Much of the work currently performed by the HSA Planning unit relates to County hospital operations and initiatives, although staffing needs for both personal health and public health have grown with implementation of the Performance Counts! Program Budgeting/Strategic Plan effort. A Planning, Evaluation, and Development unit is proposed for the new Department, utilizing existing Public Health positions.

Some planning activities are already occurring in Public Health programs (OAPP, ADPA, CMS), and further discussion will determine the extent to which these activities can also be centralized in the new Department. Because of the interactive nature of the relationship between the HSA and Public Health planning efforts, with the HSA Planning Unit in particular dependent on Public Health for data, this is an area that will need to be addressed in the MOU between the two Departments.

Audit and Compliance

It was determined that, for the most part, a separate unit would not need to be created in the new Department, and no staff will be transferred from DHS to Public Health. This will leave 37.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Audit and Compliance activities for DHS.

The Audit and Compliance Division within DHS is comprised of four units: Audits, Investigations and Medical Malpractice (A/I); Information Systems and Contracts; Health Authority Law Enforcement Task Force (HALT); and Compliance and Legal/Contract Compliance.

Rather than establish a separate unit, it was determined that the best approach may be for the new Department to make arrangements with the Auditor-Controller to handle their audits. This was based on the existing heavy workload of the A/I unit within DHS and the projected workload needs for Public Health. The preliminary estimate from Auditor-Controller staff is that the workload may require 1.0 additional FTE. This position is not included in the estimate above for new staffing needed, but will be reflected in the estimates for additional services and supplies costs from other County Departments.

The Compliance unit deals primarily with hospital Medicare and Medicaid requirements and the current workload deals only minimally with Public Health programs. Therefore, no positions are proposed for transfer to Public Health, and the unit will remain intact at HSA.

The HALT unit will remain at HSA, since very little of the workload is related to Public Health. The HALT unit currently has an MOU with the Sheriff's Department and the Los Angeles Police Department for deputies and officers who participate in HALT activities.

Risk Management/Quality Assurance

It was determined that most of the Public Health related workload handled by the current Risk Management/Quality Assurance unit in DHS involved employee relations issues, rather than the clinical issues which constitutes most of the workload from hospitals and health centers. The Public Health workload appears to comprise only a minor portion of the unit's current workload, with an estimate of approximately 0.2 FTE. Therefore, no positions will be transferred from DHS to Public Health. It is expected that the new Department would make arrangements to have the DHS unit continue to provide the services or to engage in discussions with CAO Risk Management, for example, on a potential shared services model.

Facilities and Space Management

Public Health operates clinics and has field staff based at 15 health centers or satellite sites, including five at which PPPs provide services and two at which Personal Health provides services. It is anticipated that these co-locations would continue to operate as they currently do. In addition, Public Health has program staff located in various County-owned and leased buildings. Public Health currently relies on DHS for facilities management, capital projects and for certain maintenance and renovation services. Arrangements between the new departments would need to be negotiated to preserve facility support services.

Space Management

The planning group reviewed current space utilization and has determined that additional space would not be required if a separate Department of Public Health is created. The discussions did not address other potential program needs for additional space, which may be required regardless of the proposal to create a separate Department.

DHS and Public Health staff are discussing changes to existing space use which may be necessary if the new Department is created, including what administrative functions should be consolidated or moved from shared administrative space at the DHS Headquarters at 313 North Figueroa to the DHS facility in Commerce (5555 Ferguson Drive) or vice versa. Staff moves may potentially affect around 30 employees and is expected to be completed by early February of 2006. Other staff movements are minor and consist of moves by staff to different locations within the same facilities. These movements are expected to be completed by the end of January 2006. All staff relocations will be discussed, as appropriate, with union representatives.

Senior management for both DHS and Public Health will continue to be based at the central headquarters at 313 North Figueroa. With respect to the issue of "proprietor tenant" as the landlord and "tenant" in shared spaces, the CAO's basic guideline is to consider as "proprietor" the County Department which utilizes the majority of the space. The other department will pay its share of operating costs for the facility. Decisions about increases or decreases in space and or support services will be negotiated between the departments.

This issue, as well as the methodology for cost allocation, will be determined in further discussions between DHS and the new Department and incorporated into the MOUs.

There is a total of 589,857 square feet (sq. ft.) Countywide that is leased exclusively for Public Health, and a total of 53,734 sq. ft. leased exclusively for Health Services Administration (HSA). A total of 71,396 sq. ft. is leased where HSA and Public Health share space, of which Public Health occupies 38,238 sq. ft. and HSA occupies 33,158 sq. ft. Public Health also shares leased space with Personal Health totaling 38,372 sq. ft., of which Public Health occupies 16,507 sq. ft. and Personal Health occupies 21,865 sq. ft. of space.

Within County-owned facilities, adjusted for space at 313 North Figueroa Street that will continue to serve as departmental headquarters for both operations, a total of 489,759 sq. ft. is shared by Public Health who occupies 231,337 sq. ft. of this space and HSA who occupies 258,422 sq. ft. of space. In addition to sharing space with HSA in County owned facilities, Public Health also shares a total of 593,699 sq. ft. of County-owned space with Personal Health of which Public Health occupies 71,370 sq. ft. and Personal Health occupies 522,329 sq. ft. of space. Public Health operations are also located in various courthouses countywide, totaling 51,858 sq. ft. of County bond financed space.

Facilities Unit

It was determined that a separate Facilities Unit should be established for the new Department, while certain functions in this area would continue to be shared by both DHS and the new Department. It is proposed that 22.0 positions be transferred from DHS to the new Department, including some positions which were transferred from Public Health as part of the administrative consolidations. One new item will be added as the Facility Manager for the new Department to handle their lease agreements. This will leave 35.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Facilities and Space Management activities for DHS.

The DHS Facilities Management Division includes 60.0 budgeted positions and performs the following functions: day to day activities, such as routing incoming phone calls, mail and payroll activities; technical issues related to phone and cell phone use; custodial services for eight health centers and HSA; building and crafts needs for the facilities; and lease agreements. Some of the custodial services positions are currently assigned exclusively to Public Health areas and will be included in the positions transferred to the new Department.

For Building and Craft services, Public Health currently receives services from the hospital facilities staff located in closest proximity to the Public Health site. The planning group will have further discussions on whether and how to continue this relationship, as well as the potential for seeking these services from ISD, where appropriate. Either decision will result in the need for negotiations between Public Health and the hospitals or ISD to provide these services, and these arrangements will need to be reflected in the MOUs.

Information Systems (IS)/Information Technology (IT)

Because both DHS and Public Health currently maintain separate IS units and IT systems, it was determined, at least initially, that both units should maintain operations as they currently exist. Where HSA systems support Public Health or Public Health systems support HSA, billing mechanisms will be developed and systems descriptions will be incorporated into the MOUs.

Public Health has many IT applications, software, and systems that relate specifically to their mission, and Public Health budget units, such as OAPP, CMS, and ADPA, have their own IT staff budgeted. Many IT systems within the Department are currently operated by DHS/HSA IT staff, who provide service/data to/for Public Health, as well as the other parts of DHS. IT infrastructure issues operated/maintained by DHS/HSA would be costly to duplicate for Public Health, and that is not, therefore, being considered at this time.

With respect to compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements, many of the tasks required by HIPAA have already been addressed by Public Health as part of the DHS compliance plan. However, if established as a separate Department, Public Health will need to develop its own policies and procedures, perhaps based on the DHS model which they have followed so far, separate MOUs with other County departments and agreements/amendments with their vendors. Public Health will also need to address the need for staff assigned to handle HIPAA security and privacy issues. These actions will be addressed during first three months of implementation, in consultation with County Counsel, the Auditor-Controller's Office and the CAO.

Examples of areas where services are provided by either DHS or Public Health to the other department include: e-mail and other communications services, where both DHS and Public Health IT staff provide support services for various DHS and Public Health units; Website/Internet, where several positions support Website/Internet sites for both DHS and Public Health; Networking Services, where in some locations, Public Health is responsible for and maintains data lines up to the wall jack, while HSA provides support services for computers; and Application Development, where, for example, the DHS Human Resources system, Item Management, is totally supported by HSA staff, but the application is utilized by all of the Public Health programs.

The planning group is continuing to review DHS and Public Health IT operations to determine staffing and services provided, and will discuss further a shared services model which could be developed with ISD. In addition, areas to be addressed are: process for addressing future systems needs for both DHS and Public Health; and potential issues regarding sharing of Protected Health Information (HIPAA related)/medical records where patients are treated/seen in public health clinics and/or DHS hospital/clinic, and where it is necessary to refer to the public health record/medical record, where applicable, for the patient's treatment/follow-up.

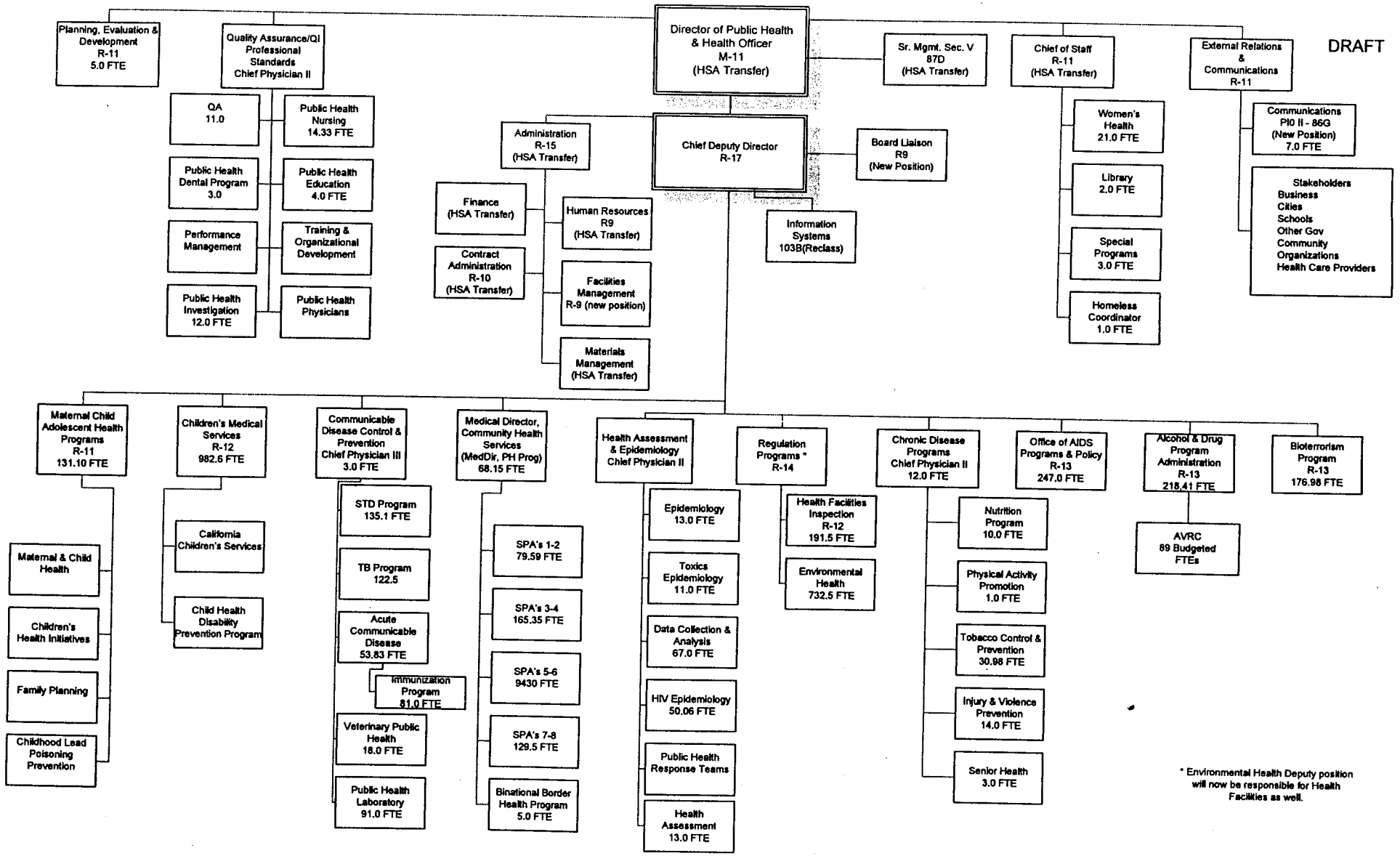
Capital Projects

Based on the current workload, it was determined that it is not necessary to establish a separate Capital Projects unit in the new Department, and therefore no staff will be transferred from DHS to Public Health. Based on further discussions, it may be necessary to add one additional position to coordinate Capital Projects issues for Public Health, but initially it is expected that those responsibilities will be handled on a part-time basis by existing Public Health staff. This will leave 12.0 budgeted positions in HSA, per the 2005-06 Adopted Budget, to support Capital Projects functions for DHS.

There are currently 22 Public Health capital projects with a total estimated cost of $19.9 million. Of that amount, $15.2 million is for the new Public Health Laboratory. It is estimated that 1 FTE will be needed to manage all of the Public Health capital projects; however, in recognition of the peaks and valleys in the volume of Public Health capital projects, it was determined that the best option initially will be for Public Health to have HSA staff continue to provide services to Public Health on a per project basis via an MOU.

Implementation Plan and Timeline

It is expected that the establishment of the new Department of Public Health, if approved by the Board, will become effective 30 days after final adoption of the ordinance changes. Board action on the proposed new Department is scheduled for December 13, 2005, with ordinances returning for final adoption on December 20, 2005. Full implemented is expected by the end of March 2006. Budgetary changes to the departmental roll-ups will be effective July 1, 2006 for the 2006-07 Budget. The proposed implementation timeline is attached.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Director of Public Health & Health Officer M-11 (HSA Transfer)
Planning, Evaluation & Development R-11 5.0 FTE
Quality Assurance/QI Professional Standards Chief Physician II
QA 11.0
Public Health Nursing 14.33 FTE
Public Health Dental Program 3.0
Public Health Education 4.0 FTE
Performance Management
Training & Organizational Development
Public Health Investigation 12.0 FTE
Public Health Physicians
Sr. Mgmt. Sec. V 87D (HSA Transfer)
Chief of Staff R-11 (HSA Transfer)
Women's Health 21.0 FTE
Library 2.0 FTE
Special Programs 3.0 FTE
Homeless Coordinator 1.0 FTE
External Relations & Communications R-11
Communications PIO II - 86G (New Position) 7.0 FTE
Stakeholders
Business
Cities
Schools
Other Gov
Community Organizations
Health Care Providers
Administration R-15 (HSA Transfer)
Chief Deputy Director R-17
Board Liaison R9 (New Position)
Finance (HSA Transfer)
Human Resources R9 (HSA Transfer)
Contract Administration R-10 (HSA Transfer)
Facilities Management R-9 (new position)
Materials Management (HSA Transfer)
Information Systems 103B(Reclass)
Maternal Child Adolescent Health Programs R-11 131.10 FTE
Maternal & Child Health
Children's Health Initiatives
Family Planning
Childhood Lead Poisoning Prevention
Children's Medical Services R-12 982.6 FTE
California Children's Services
Child Health Disability Prevention Program
Communicable Disease Control & Prevention Chief Physician III 3.0 FTE
STD Program 135.1 FTE
TB Program 122.5
Acute Communicable Disease 53.83 FTE
Immunization Program 81.0 FTE
Veterinary Public Health 18.0 FTE
Public Health Laboratory 91.0 FTE
Medical Director, Community Health Services (MedDir, PH Prog) 68.15 FTE
SPA's 1-2 79.59 FTE
SPA's 3-4 165.35 FTE
SPA's 5-6 9430 FTE
SPA's 7-8 129.5 FTE
Binational Border Health Program 5.0 FTE
Health Assessment & Epidemiology Chief Physician II
Epidemiology 13.0 FTE
Toxics Epidemiology 11.0 FTE
Data Collection & Analysis 67.0 FTE
HIV Epidemiology 50.06 FTE
Public Health Response Teams
Health Assessment 13.0 FTE
Regulation Programs * R-14
Health Facilities Inspection R-12 191.5 FTE
Environmental Health 732.5 FTE
Chronic Disease Programs Chief Physician II 12.0 FTE
Nutrition Program 10.0 FTE
Physical Activity Promotion 1.0 FTE
Tobacco Control & Prevention 30.98 FTE
Injury & Violence Prevention 14.0 FTE
Senior Health 3.0 FTE
Office of AIDS Programs & Policy R-13 247.0 FTE
Alcohol & Drug Program Administration R-13 218.41 FTE
AVRC 89 Budgeted FTEs
Bioterrorism Program R-13 176.98 FTE
* Environmental Health Deputy position will now be responsible for Health Facilities as well.

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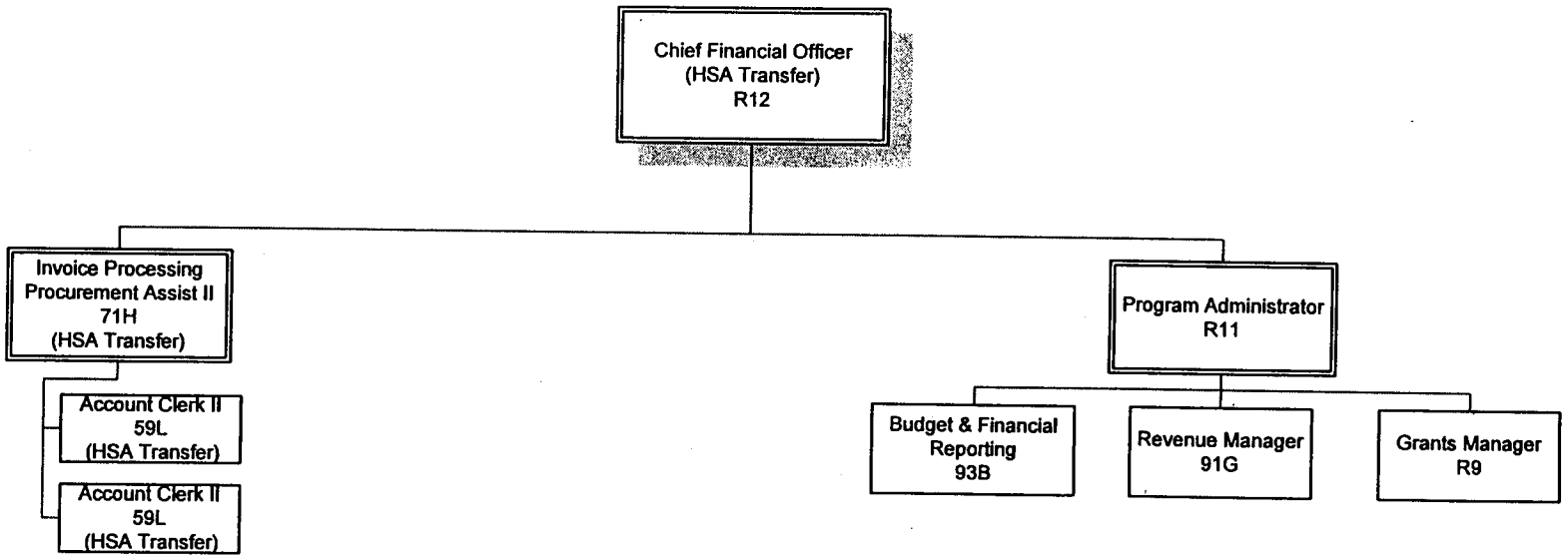
PUBLIC HEALTH FINANCE
AFTER PH SPLIT



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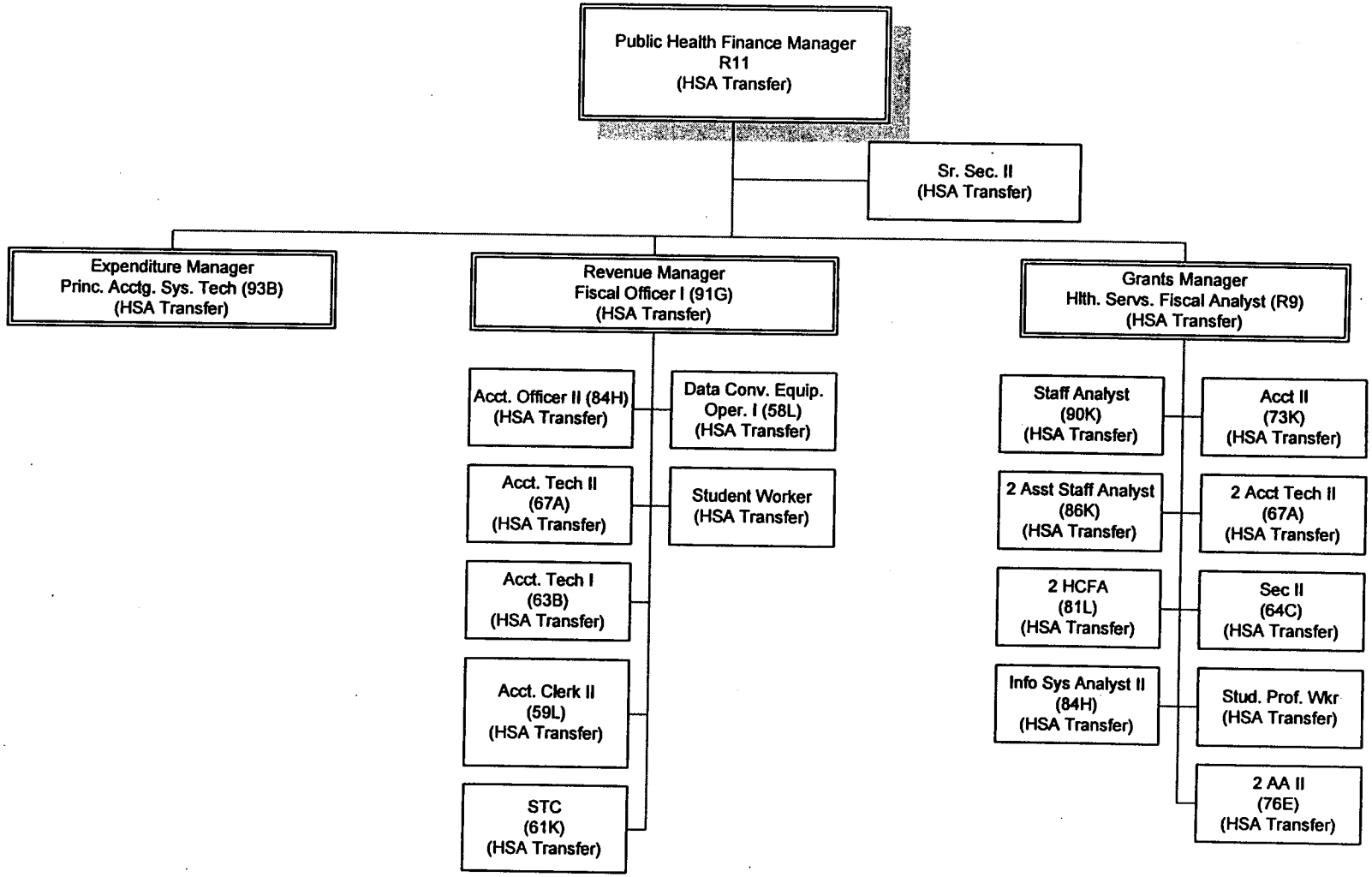
COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH FINANCE



COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH FINANCE

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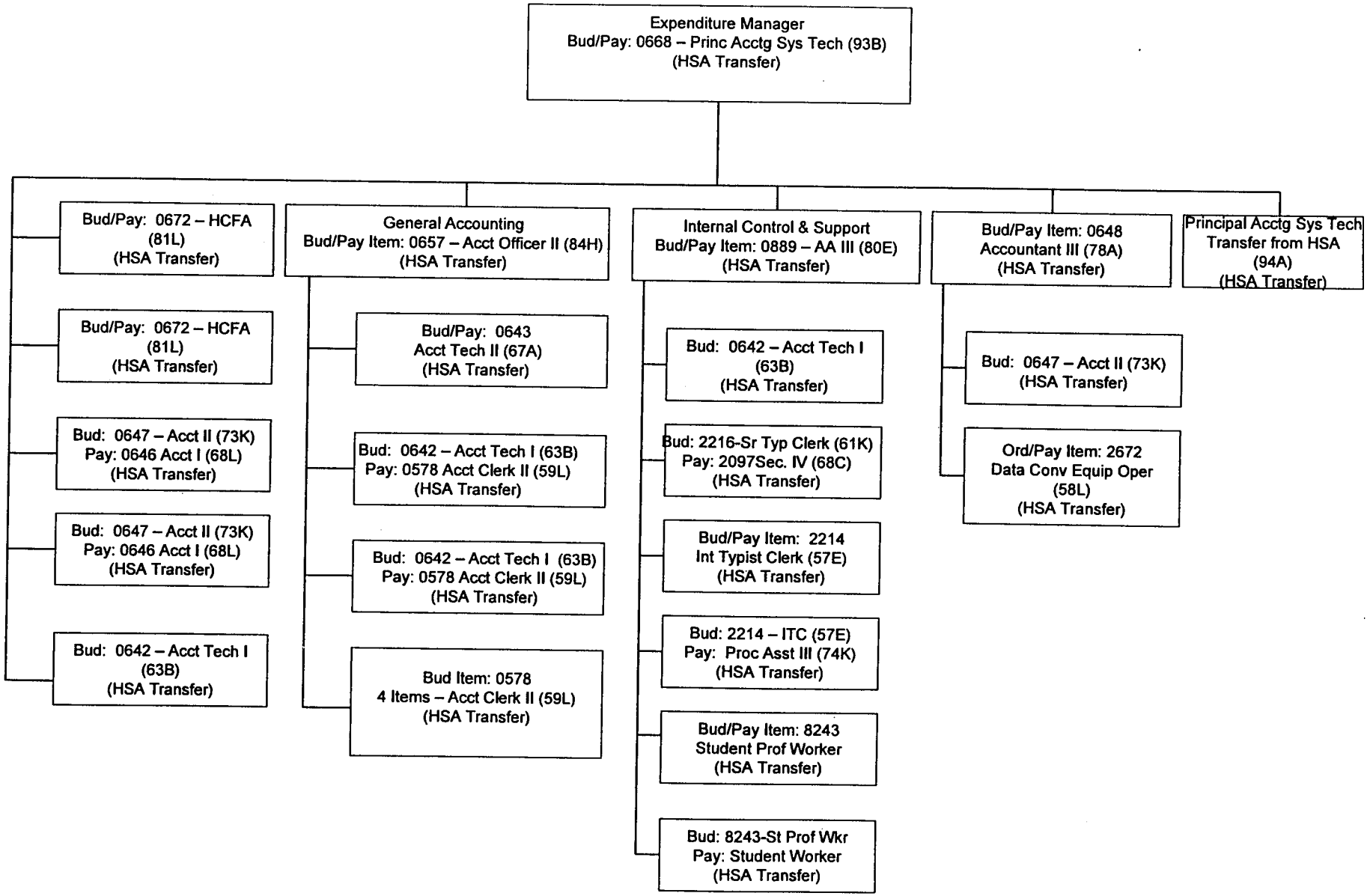

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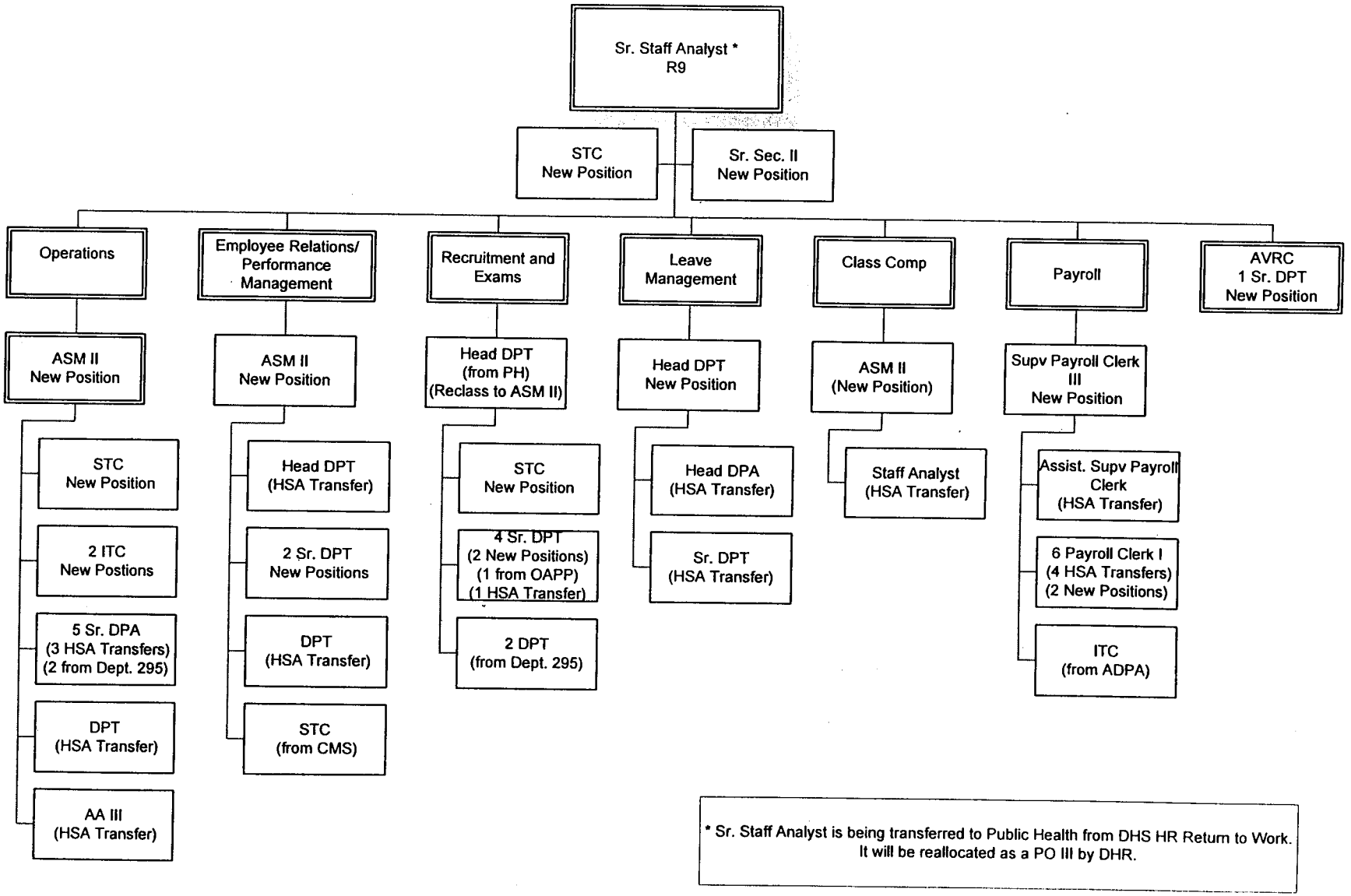
PUBLIC HEALTH HUMAN RESOURCES



PUBLIC HEALTH
CONTRACTS & GRANTS

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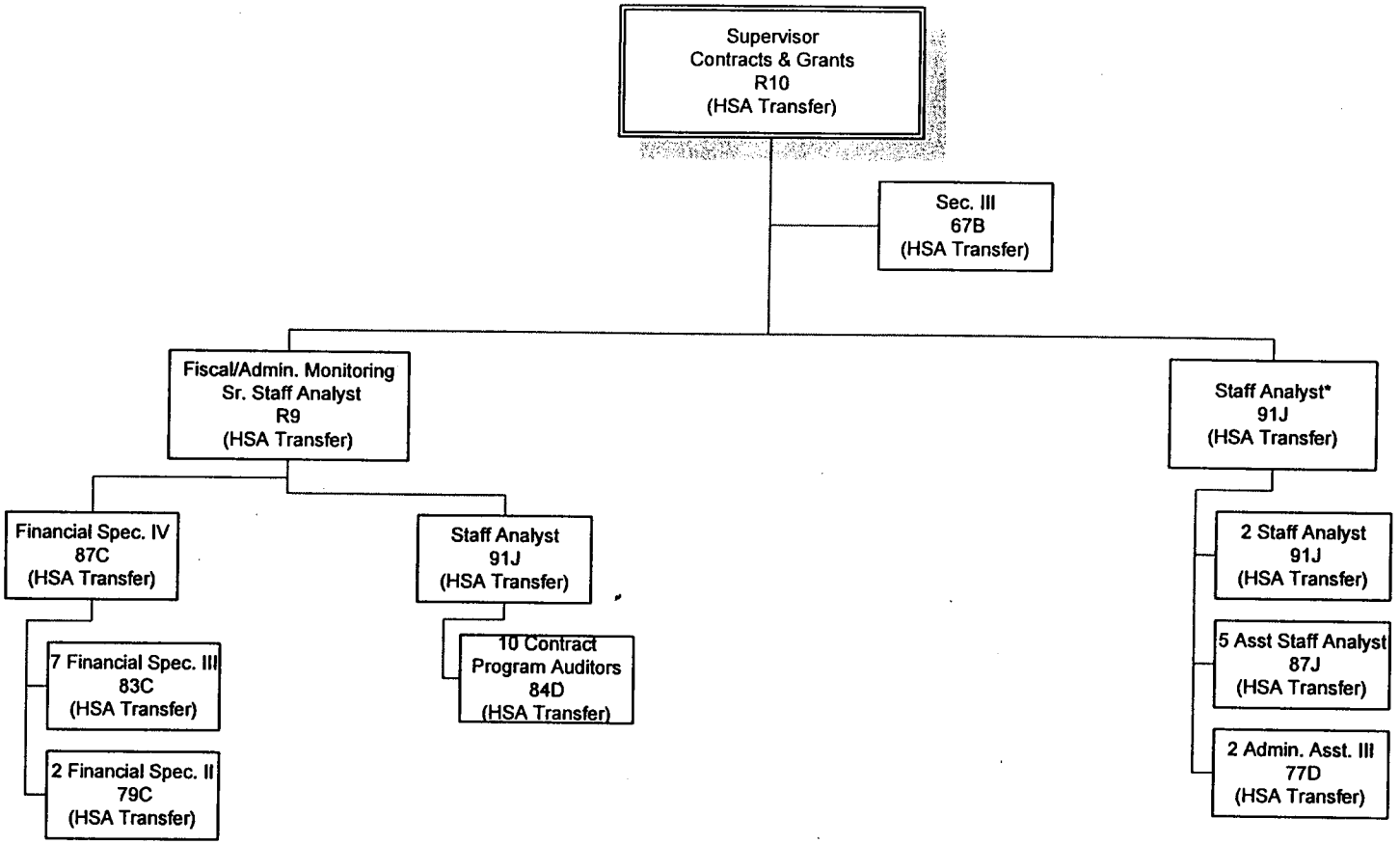

* DHR must allocate appropriate item.

PUBLIC HEALTH
CONTRACT MONITORING

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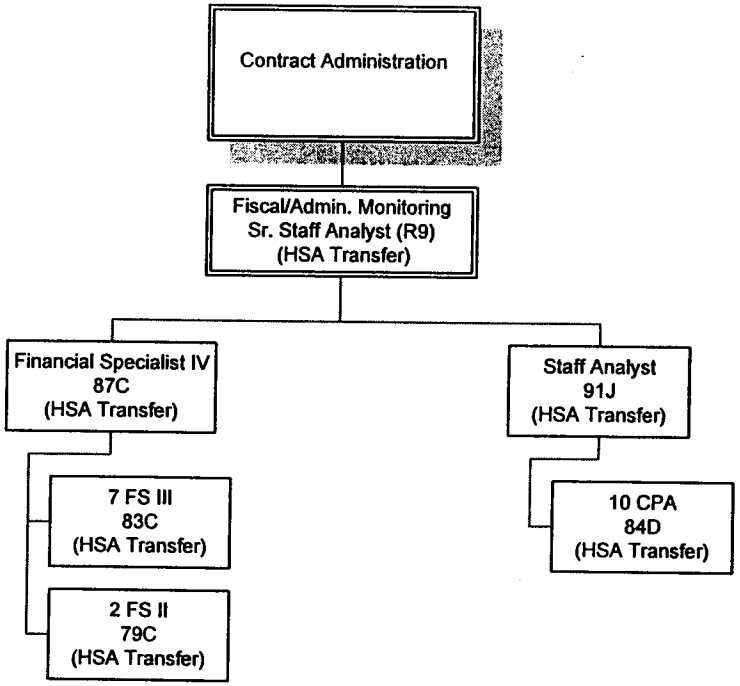

County of Los Angeles
Public Health Information Systems

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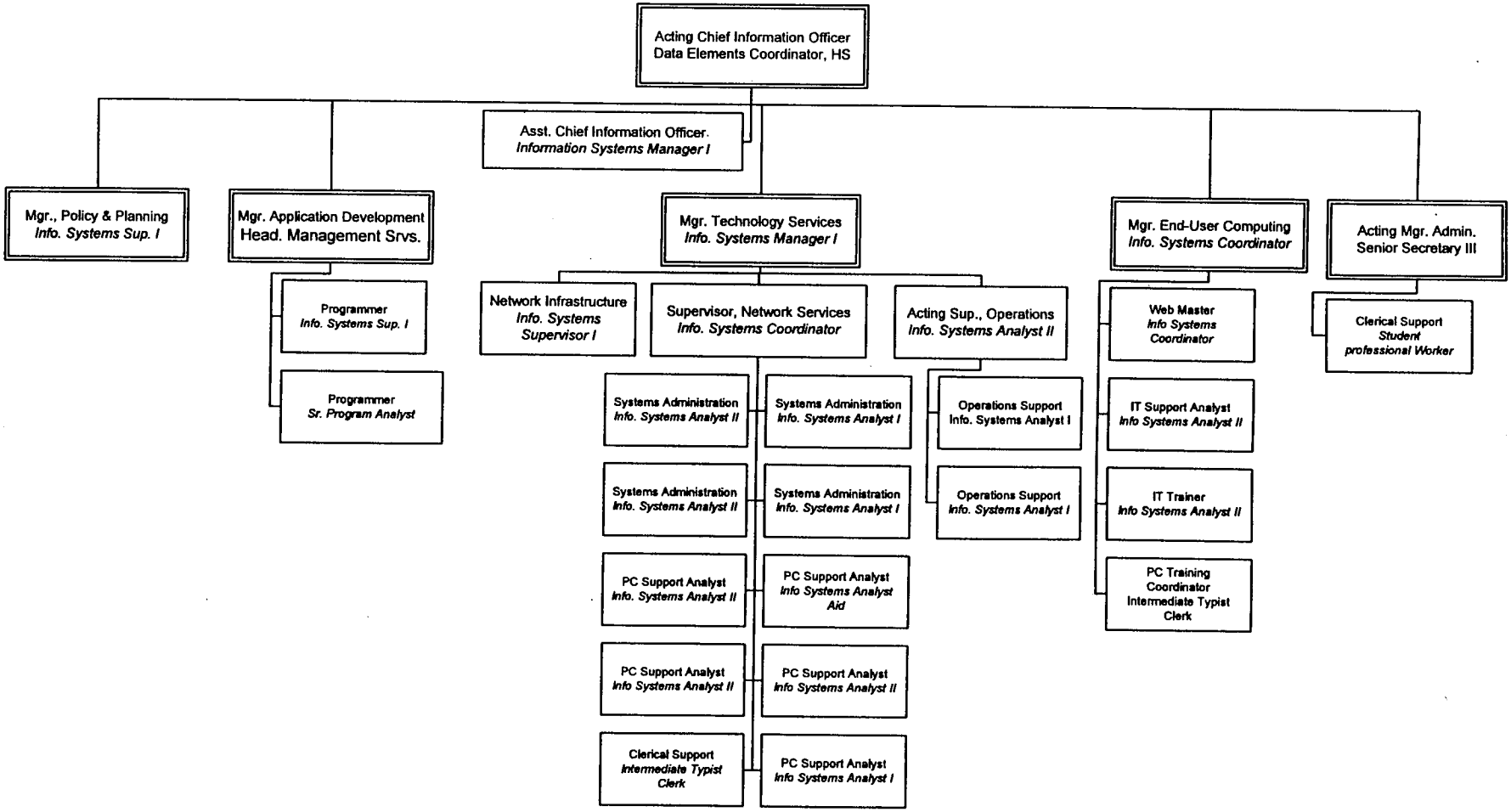

Approved:_____
Kevin Lee
Chief, Public Health Information Systems

Effective Date:_____

Legend
Regular Print - Functional Position
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Revised - September 7, 2005

PUBLIC HEALTH
MATERIALS MANAGEMENT

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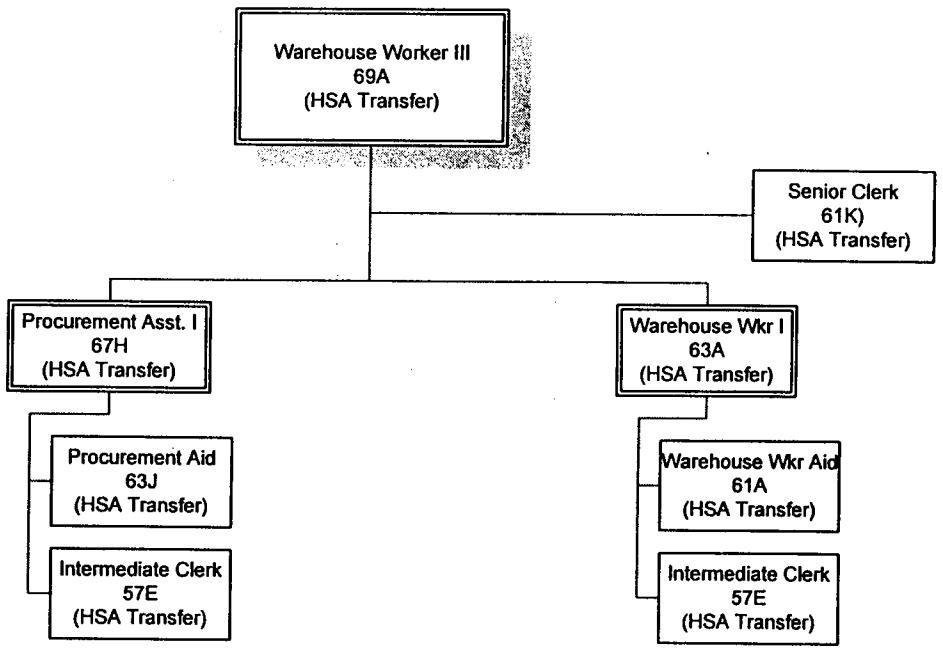

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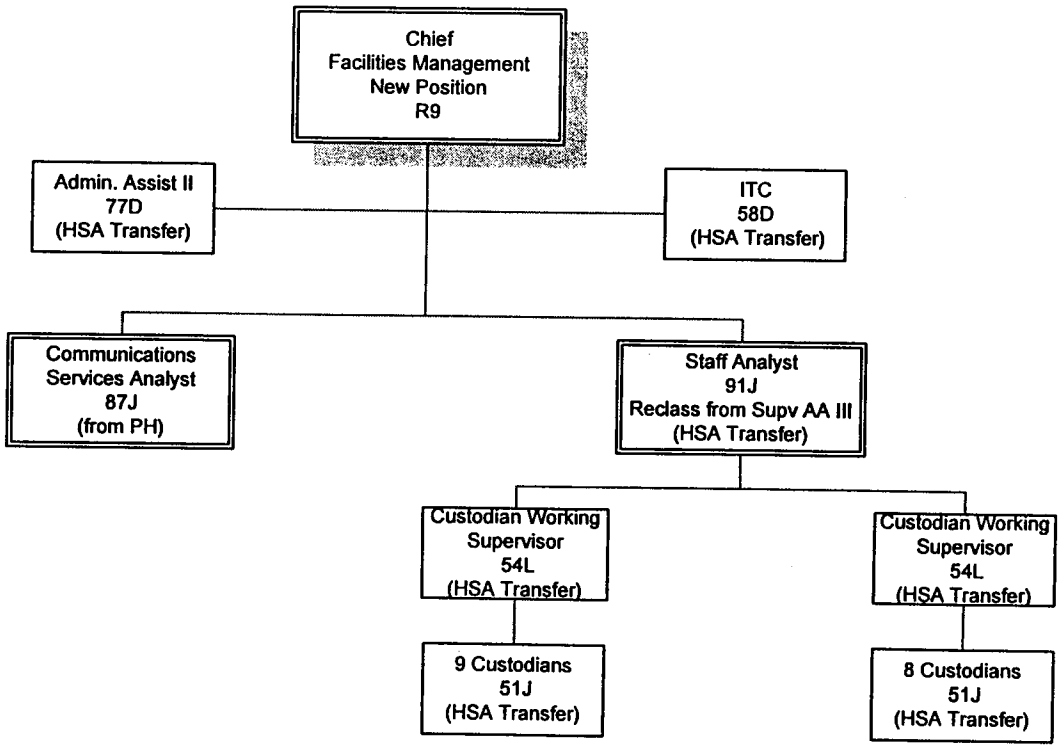
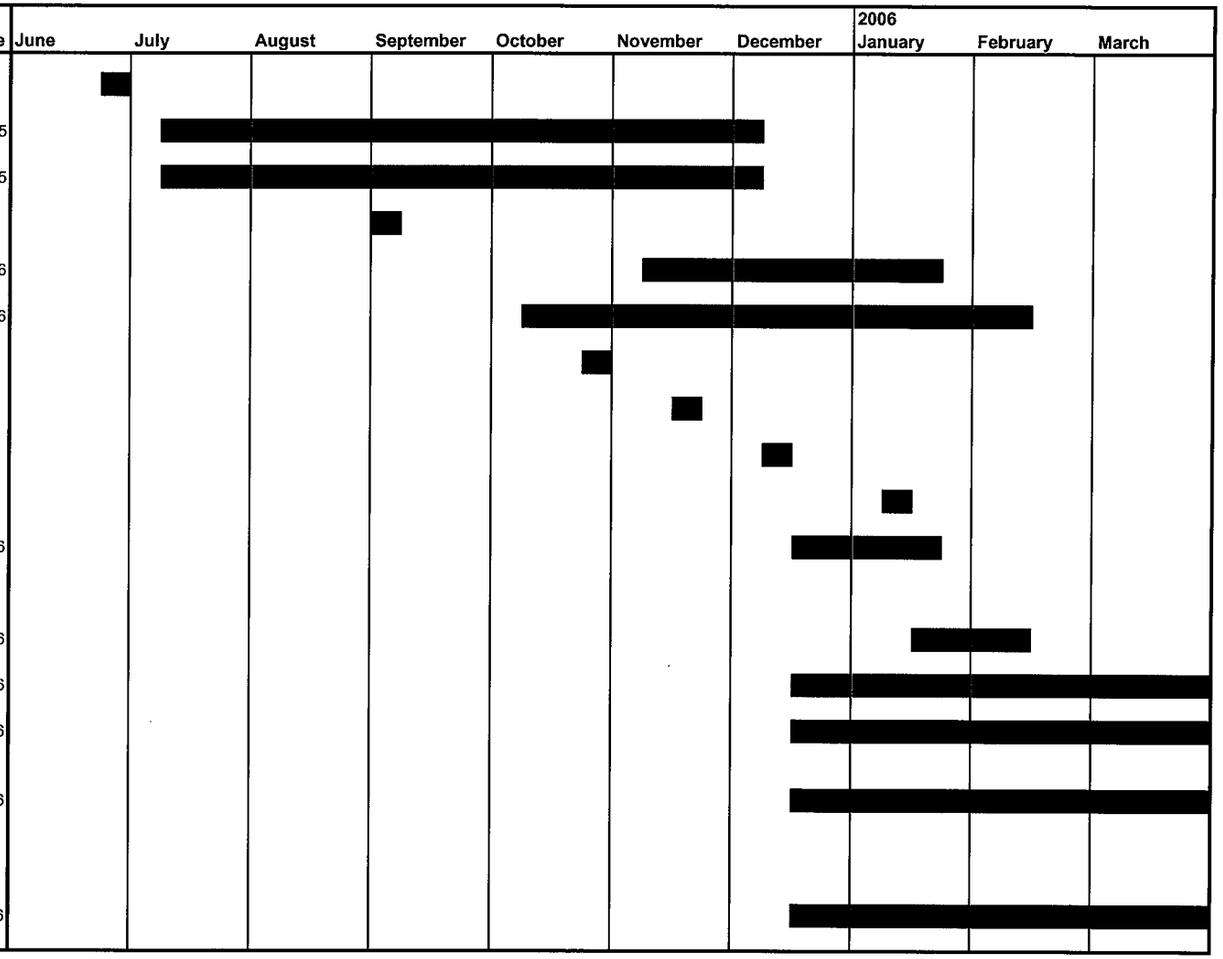
PUBLIC HEALTH FACILITIES MANAGEMENT



ESTABLISHMENT OF A SEPARATE PUBLIC HEALTH DEPARTMENT

IMPLEMENTATION TIMELINE

Item	Task Name	Lead Department	Start Date	End Date
1	Adoption, in concept, of separate DPH		6/28/2005	N/A
2	Implementation meeting/development of implementation plan	CAO	7/11/2005	12/2/2005
3	Development/drafting of amended ordinances	CC/DHR	7/11/2005	12/2/2005
4	Submission of 1st Progress Report	CAO	9/1/2005	N/A
5	Development/drafting of Memorandum of Understanding (MOU)	PH/DHS	11/10/2005	1/19/2006
6	Review of pharmacy issues/receipt of certifications & licenses	PH/DHS/CC	10/5/2005	2/10/2006
7	Submission of 2nd Progress Report	CAO	10/27/2005	N/A
8	Initial meeting with employee representatives/unions	DHS-HR/PH	11/17/2005	N/A
9	Approval of new DPH/introduction of ordinances		12/13/2005	N/A
10	Adoption of ordinances & effective date of ordinances		12/20/2005	1/19/2006
11	Notice to employees regarding action/impact & informational meetings	DHS-HR/PH	12/20/2005	1/20/2006
12	Follow-up meetings with employee representatives/unions	DHS-HR/PH	Pending	Pending
13	Reassignment of impacted employees/inc. change of work location if needed	DHS-Facilities/PH	2/1/2006	2/15/2006
14	Follow-up ordinance changes	CC	12/20/2005	3/31/2006
15	Completion of issues such as methodology of cost allocations, HIPAA compliance issues, and dev. of add. MOUs with other County Departments	CAO/PH/DHS	12/20/2005	3/31/2006
16	Finance/Budget Issues: - Bud. adj. to formalize creation of separate "roll-up" budgets for DHS & DPH - Consideration of potential curtailments - Consideration of potential surpluses/deficits to the DHS & DPH budgets	CAO/PH/DHS	12/20/2005	3/31/2006
17	Final implementation of DPH	PH/CAO	12/20/2005	3/31/2006



- Chief Administrative Office (CAO) managed actions
- Public Health (PH)/Department of Public Health (DPH) managed actions
- Department of Health Services (DHS) managed actions
- County Counsel (CC) managed actions
- General actions